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WESTMORLAND COUNTY COUNCIL

# Annual Report

*of the*

County Medical Officer of Health  
and Principal School Medical Officer



1966

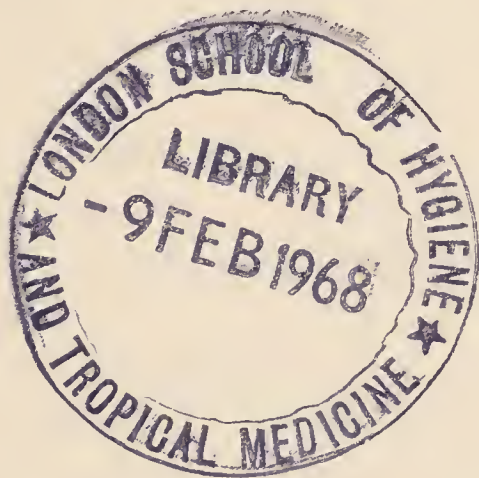


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and Principal School Medical Officer



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# COUNTY OF WESTMORLAND

Health Department,

County Hall, Kendal.

November 1967.

Mr. Chairman, Ladies and Gentlemen,

## ANNUAL REPORT, 1966

In my introduction to the Annual Report for 1965, I commented on the gradual population changes within the County. The fact is that there is a gradual decline in the population in the more rural parts of the County, for example North Westmorland, and, as a whole, over the past 20 years there has only been an overall increase of approximately 1,000 persons in the County. This contrasts vividly with the Southern part of the country where a County such as Hampshire has, over half this period, had an increase of over 200,000 persons, or about 30%.

It is now clear that institutional confinement in Hospital or Nursing Home is the method of election, and the Ministry of Health has set a target of 70% institutional confinement for the country as a whole. For some years now Westmorland has averaged between 85% and 95% which is far in advance of the country as a whole. Unfortunately, this has side effects possibly not anticipated in that such a high proportion of institutional confinements means that the district midwife does not get enough practice to maintain her skill.

The infant mortality rate is slightly higher than that for the country as a whole, but on glancing through the causes of death there were no deaths which could have been prevented.

In the sphere of mental subnormality a Special Care Unit is envisaged, and will be completed in 1967. There are a few parents with children who are so backward that throughout their lives they require the same attention as a young baby and thus they become a never ending burden to the parents, who are seldom able to go out together or go away on holiday. Shopping and family life in general becomes a burden. These children are now taken care of at Sandgate Centre during the day, which provides a temporary relief to the families.

The other services of the Health Department continue to function well and efficiently. Details of these services will be found in the following pages.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health  
and Principal School Medical Officer.



# PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1966

Name	Qualifications	Office	Whole or	
			Part Time	Other Offices
John A. Guy	.. M.D., D.P.H.	.. County Medical Officer..	Whole	Principal School Medical Officer
I. S. Bailey	.. M.A., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical Officer .. ..	Whole	Deputy Principal School Medical Officer
R. Douglas Young	.. M.D., M.R.C.P.	.. Tuberculosis Officer ..	Part	Consultant Chest Physician
W. Hugh Morton	.. M.B., Ch.B., M.R.C.P., D.P.H.	.. Tuberculosis Officer ..	Part	Consultant Chest Physician
M. D. McGarry	.. L.D.S.	.. Principal Dental Officer ..	Whole	Principal School Dental Officer
D. J. Harrison	.. B.D.S.	.. Dental Officer ..	Whole	School Dental Officer
J. B. Millar	.. B.D.S., L.D.S.	.. Dental Officer ..	Whole	School Dental Officer
B. C. Tomlinson	.. L.D.S., R.C.S.	.. Dental Officer ..	Whole	School Dental Officer
P. G. Holloway	.. Social Science Certificate ..	.. Mental Welfare Officer ..	Whole	_____
E. M. Thomas (Retired 30.6.66)	.. S.R.N., S.C.M., H.V.Cert.	.. Superintendent Nursing Officer .. ..	Whole	_____
E. Nicoll (Commenced 20.6.66)	.. do	.. do	Whole	_____
S. M. Head	.. Diploma in Institutional & Catering Management ..	.. Home Help Organiser ..	Whole	_____
E. Bland	.. S.R.Ch., F.R.S.H.	.. Chiropodist ..	Whole	_____

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	..	..	504,917
Population (Registrar-General's estimate of resident population, mid-1966)	..	..	67,410
Total Rateable Value as on 1st April, 1966	..	..	£2,301,870
Estimated product of a Penny Rate (General County) for the financial year 1966-67	..	..	£9,127

## EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1966

	Total.	Males.	Females.
Live Births—Legitimate	927	457	470
Illegitimate	65	32	33
	<hr/>	<hr/>	<hr/>
	992	489	503
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 of the estimated resident population .. 16.6  
 Birth Rate, England and Wales, 17.7  
 Illegitimate Live Birth per cent of total live births, 6.6

	Total.	Males.	Females.
Stillbirths	14	8	6
Rate per 1,000 total live and stillbirths	..	13.9	
Stillbirth Rate, England and Wales	..	15.4	

	Total.	Males.	Females.
Total Live and Stillbirths	1006	497	509

	Total.	Males.	Females.
Deaths of Infants under 1 year of age	21	15	6
Death-rate of Infants under 1 year of age:			
All infants, per 1,000 live births	..	..	21.2
Legitimate infants, per 1,000 legitimate live births	..	..	18.3
Illegitimate infants, per 1,000 illegitimate live births	..	..	72.7
Infant Death Rate, England and Wales, 19.0			

	Total.	Males.	Females.
Neo-Natal Deaths (under four weeks)	18	13	5
Rate per 1,000 live births, 18.1			
Neo-Natal Mortality Rate, England and Wales, 12.9			
Early Neo-Natal Mortality Rate (deaths under one week):			
Rate per 1,000 live births	..	..	18.1
Perinatal Mortality Rate (stillbirths and deaths under one week):			
Rate per 1,000 total live and stillbirths	..	31.8	
Deaths from Pregnancy, Childbirth or Abortions	..	..	1
Rate per 1,000 total (live and still) births	..	0.99	
Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.26			

			Total.	Males.	Females.
Total Deaths	..	..	938	457	481
Death Rate per 1,000 of the estimated resident population	..				12.0
Death Rate, England and Wales, 11.7					

## POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population
		Registrar General's estimate Mid. - 1966
URBAN		
Appleby .. ..	1,877	1,790
Lakes .. ..	49,917	5,120
Kendal .. ..	3,705	18,920
Windermere ..	9,723	6,800
RURAL		
North Westmorland .	288,688	15,000
South Westmorland .	151,007	19,780
Westmorland ..	504,917	67,410

## BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District.			1964.	1965.	1966.
URBAN					
Appleby	..	..	15.9	18.1	15.7
Kendal	..	..	19.5	18.5	17.9
Lakes	..	..	11.9	12.8	12.8
Windermere	..	..	16.0	16.1	15.6
RURAL					
North Westmorland	..	..	19.6	18.9	16.9
South Westmorland	..	..	19.7	17.3	16.4
WESTMORLAND	..	..	18.6	17.6	16.6
ENGLAND AND WALES	..	..	18.4	18.1	17.7

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar-General.

Live Births registered in the last five years were as follows:—

Year.		1962.	1963.	1964.	1965.	1966.
Number of births	..	1,011	1,019	1,096	1,045	992

## DEATH RATE

Death Rate per 1,000 estimated population.

District.			1964.	1965.	1966.
URBAN					
Appleby	..	..	8.7	20.5	16.4
Kendal	..	..	13.0	12.3	12.0
Lakes	..	..	10.7	10.3	12.9
Windermere	..	..	13.1	10.3	10.9
RURAL					
North Westmorland	..	..	12.3	12.9	13.0
South Westmorland	..	..	11.3	11.0	11.0
WESTMORLAND	..	..	12.2	11.7	12.0
ENGLAND AND WALES	..	..	11.3	11.5	11.7

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1964, 1965 and 1966, in order of maximum fatality in 1966 were as follows:—

			1964.	1965.	1966.
Heart Disease	..	..	319	333	335
Cancer	..	..	154	159	164
Cerebral Hæmorrhage	..	..	160	161	126
Other Circulatory Diseases	..	..	37	38	39
Bronchitis	..	..	29	35	38
Violence (including accident)	..	..	51	34	37
Pneumonia	..	..	30	26	27



## MATERNITY AND CHILD WELFARE INFANTILE MORTALITY (Under 1 Year)

Rate per 1,000 Live Births.

District.	1964.	1965.	1966.
URBAN			
Appleby .. ..	—	66.7	—
Kendal .. ..	20.5	21.5	25.3
Lakes .. ..	17.3	—	15.9
Windermere .. ..	33.3	22.0	11.1
RURAL			
North Westmorland .. ..	18.6	15.4	21.6
South Westmorland .. ..	28.8	46.9	22.6
WESTMORLAND .. ..	22.8	26.8	21.2
ENGLAND AND WALES .. ..	20.0	19.0	19.0

## ILLEGITIMATE INFANT DEATH RATE

Rate per 1,000 illegitimate Live Births.

	1964.	1965.	1966.
WESTMORLAND	66.7	67.6	72.7

Causes of Death during 1966 in Infants under 1 year of age:—

Atelectasis	...	...	...	4
Prematurity	...	...	...	4
Respiratory failure	...	...	...	3
Coarctation of aorta	...	...	...	2
Heart failure	...	...	...	2
Intra uterine asphyxia	...	...	...	1
Intra cranial haemorrhage	...	...	...	1
Subtentorial haemorrhage	...	...	...	1
Pulmonary syndrome	...	...	...	1
Haemolytic disease of newborn	...	...	...	1
				—
				20
				—

## COMMENT ON VITAL STATISTICS

Whilst the Vital Statistics relating to relatively small groups must always be viewed with caution, some of the figures for 1966 appear worthy of comment. As stated below the relevant tables on page 10 of this Report, the Birth and Death Rates are calculated using the Comparability Factor supplied for this purpose by the Registrar-General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas and to make the Birth and Death Rates so calculated comparable to those of other areas, and to the figures for England and Wales.

The number of Live Births during the year, 992, and the Live Birth Rate (16.6) were again lower than those recorded in the previous year, when the corresponding figures were 1,045 and 17.6 respectively, but it is pleasing to report that the number of illegitimate births fell.

The Stillbirth Rate (13.9) again fell and remains below that for England and Wales (15.4). This rate, being based on very small figures is apt to fluctuate very considerably, but is usually above the national figure.

During the immediate post-war years the Infant Death Rate fell rapidly, and during the last ten years the rate for England and Wales has continued to fall though more slowly. The figure for the County on the other hand has fluctuated from rates little over half those for England and Wales to rates slightly above the national figure. The rate in 1966 fell from last year's figure of 26.8 per 1,000 to 21.2. The Illegitimate Infant Death Rate, being based on very small numbers, can hardly be regarded as significant.

## MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who employ 36 midwives.

The Superintendent Nursing Officer has been appointed non-medical supervisor. She is responsible for the supervision not only of midwives employed by the Authority, but also those working in Hospitals and Nursing Homes. There are no midwives engaged in private domiciliary practice. All the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus, and 33 of them are authorized to use pethidine. Midwives who have booked cases undertake the ante-natal care; where cases have been booked with medical practitioners and are to be confined at home, they usually have ante-natal care by their own doctors. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act, and only 5 out

of the 53 domiciliary cases had not booked a doctor. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses, arranged by the Royal College of Midwives, at the expense of the Local Health Authority, during which time they receive full salary.

In view of the low proportion of domiciliary confinements it has not been necessary to introduce night rota systems, although arrangements have been made for relief during holidays, sickness, refresher courses and days off.

The situation in regard to domiciliary midwifery has changed and the domiciliary cases in this County now average less than 2 per midwife per annum, and this seems to create a problem in that such small numbers of confinements are insufficient to enable the midwife to maintain her standards. The five-yearly refresher course might do something to help, but the situation in domiciliary midwifery seems very uncertain at present.

The demand for Mothercraft and Relaxation Classes remains steady, and during 1966 a total of 349 women made 1,557 attendances for this purpose.

The Statistical Tables at the end of this Report are a simplified version of the Annual Return to the Ministry.

**Domiciliary Confinements**

Number of cases :—			1964.	1965.	1966.
(i) Doctor booked	...	...	105	71	48
(ii) Doctor not booked	...	...	2	7	5
			—	—	—
	Total	...	107	78	53
			—	—	—

**HEALTH VISITING**

There is only one full-time Health Visitor employed in the County, but health visiting is undertaken by nurses combining health visiting with midwifery and home nursing, or with midwifery alone. Of these nurses, 20 hold the health visitor's certificate, the rest being employed under dispensation granted by the Ministry of Health. The Ministry is no longer prepared to grant dispensations although persons in respect of whom a dispensation has already been granted may continue to carry out the duties of a health visitor so long as they remain in the employment for which the dispensation was granted. It



is difficult to see what further steps the authority can take to secure staff with this qualification. The offering of more scholarships is clearly not the answer, as suitable applicants are not available for the vacancies already budgeted for.

To enable unqualified nurses to obtain the health visitor's certificate, scholarships are now awarded each year under which the cost of training is defrayed by the Local Health Authority, who also pay to the student three-quarters of the minimum salary of a qualified Health Visitor, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses.

The attachment of a Health Visitor to each of the three group practices in Kendal which was introduced in September 1964, proved satisfactory to both doctors and health visitors and is likely to remain a permanent feature of the work.

		1964.	1965.	1966.
Total Health Visits to Infants				
under 1 year	...	8,920	8,963	8,158
Total Health Visits to Children				
1 to 5 years	...	14,846	15,584	14,546

## HOME NURSING

The Home Nursing Service is provided by the district nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is close co-operation with general practitioners in the home nursing field by reason of the fact that, although nurses may be called in by patients, the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and generally satisfactory. There appears to be an increasing tendency for hospitals on the discharge of patients to request the assistance of the domiciliary nursing services in the continuance of the care of the patient.

The question of the extent to which the Home Nursing Service relieves the pressure on hospital beds is frequently raised, and whilst a specific answer may not be possible, it seems reasonable to suggest that some acute cases are discharged from hospitals earlier than they might otherwise have been.

In the case of the chronic sick, however, there appears little doubt that, without the assistance of the District Nurse, most of the many bed-ridden patients for whom they at present care would have to be admitted to hospital at a much earlier stage in their illness. At present



admission can often be deferred until they require more or less continuous day and night care, which is not practicable at home. The employment of Nursing Orderlies who assist and work under the direction of the Nurse has contributed considerably to the care of this type of case, as has also the introduction of Night Nursing and Night Attendance arrangements to cope with cases who cannot be left alone at night. The majority of these cases receive help for a few nights in an acute emergency or possibly the terminal stages of a final illness; one or two cases have arisen requiring help every night for prolonged periods. Important as this care may be to the families of the patients concerned, it should be realised that the care of one such patient can cost as much, broadly speaking, as the care of all the persons in a normal nursing district.

The Council has increased the awards of scholarships for District Training and, though there are no arrangements for District Training within this County, arrangements have been made with Lancashire County Council under which certain nurses from the southern part of the County have taken the theoretical part of their training by attending for three days per fortnight at Preston, whilst doing the practical part of the course on their own District under the supervision of the Course Tutor. This arrangement simplifies the provision of reliefs and enables the training of married nurses, whose domestic commitments would prevent them from attending full-time for a period of three or four months. An annual series of lectures is arranged which includes topics specifically relating to home nursing and allied subjects.

Incontinence pads have been provided since 1963 in all cases in which they are considered necessary by the doctor or nurse. So far no problem has arisen regarding the disposal of soiled pads.

A summary of the work done is given below; fuller details will be found in the Statistical Tables at the end of this Report.

		1964.	1965.	1966.
Number of Cases Attended	...	2,601	2,497	2,593
„ Visits	... ..	70,624	68,451	70,827

## HEALTH EDUCATION

The Senior Health Visitor, who took up duties in January 1963, is responsible for advising and assisting the Health Visitors in Health Education work generally, and has primary responsibility for Home Safety and Care of the Aged. The following is a summary of the work undertaken during the year.

### Health Education

This is undertaken throughout the County by the Health Visitors, both by personal contact in their daily visiting and by talks,

demonstrations and film-strips in clinics, clubs and the voluntary societies. Doctors attending the infant welfare clinics give valuable help, and leaflets, posters and other visual aids are provided. Mothercraft classes are held in Kendal, Appleby, Milnthorpe, Kirkby Stephen, Windermere, Tebay and Staveley for expectant mothers, and several Health Visitors undertake this subject in the schools. Co-operation with the schools is very good and, when the curriculum allows, the Health Visitors and Nurses go into the schools and take classes in various aspects of Health Education.

During March, a Dental Health Campaign was organized with the help of the Principal School Dental Officer. Films were shown and talks given in six secondary modern and grammar schools, and literature and apples were distributed in many primary schools and infant welfare clinics.

## **Home Safety**

Many talks have again been given by the Health Visitors and Nurses to a wide selection of clubs, clinics and voluntary societies. Requests for these talks are constantly being received and the public are becoming much more aware of the need for education in this subject. Schools have also applied for talks, etc., and help has been given. Many senior pupils have taken this subject for the Duke of Edinburgh's Award Scheme under the Social Services section and been attested by the Home Safety Organizer.

Primary schools were invited to take part in a Poster Painting Competition — very many entries were received and prizes awarded by the Westmorland Home Safety Committee. Home Safety tents were set up at both the Appleby and Kendal Agricultural Shows, and the theme was "Safety for the Under 5's". Much interest was shown by all age groups.

## **Elderly People**

Work has continued to bring the problems of old age to the notice of the public. There is a good liaison with the Hospitals and Welfare Department, and the young people of the County are helping the aged more and more. Many pupils from the schools undertake visiting housebound people under the supervision of the Health Visitors. The Housebound Club in Kendal is now well established and voluntary visiting carried out. Members of this Club are transported by voluntary help to a meeting at two-monthly intervals and an outing to Morecambe was organized in June. They were entertained at Longlands Girls' School in December, and many schools have shown their willingness to help to combat the loneliness of old age.



## CONGENITAL DEFECTS

Arrangements, as requested by the Chief Medical Officer of the Ministry, were made for the person (doctor or midwife) notifying the birth of a child under Section 203 of the Public Health Act, 1936, to indicate whether any congenital defects were apparent at birth. In those cases in which defects are reported, an inquiry form provided by the Registrar-General is forwarded to the doctor on which he is asked to clarify the defect under one of the 100 standard headings given. The completed returns are subsequently forwarded to the Registrar-General, but a register of these cases maintained in the Health Department will enable the progress of the children concerned to be followed up.

During 1966 a total of 11 children with congenital defects were notified, of whom one was stillborn.

## IMMUNISATION AGAINST DISEASE

There are now a number of diseases which can be prevented by various inoculations. Unfortunately, in order to secure the maximum protection, these injections require to be given singly and at various ages, with the result that the child becomes something in the nature of a pin cushion. In some cases it has been possible to combine several of these vaccines into a group so that, whilst not ideal, a considerable degree of protection can be afforded with the minimum number of injections.

Many different schemes of inoculations have been drawn up and in Westmorland we follow as closely as circumstances permit the scheme suggested by the Wellcome Foundation, and incidentally by the Ministry of Health. A specimen scheme is included here.

### Scheme of Inoculations

Age for Inoculation.	
6th month	Triple (Diphtheria, Tetanus, Whooping Cough)
7th month	Triple (           ,,           ,,           ,,           )
8th month	Triple (           ,,           ,,           ,,           )
9th month	Poliomyelitis — Oral Vaccine
10th month	Poliomyelitis — Oral Vaccine
11th month	Poliomyelitis — Oral Vaccine
18th month	Triple booster
2 years	Vaccination (Smallpox)
School entry	Diphtheria and Tetanus
13 years	B.C.G.

In November 1964 the Ministry of Health intimated that it no longer intended to ask for details of vaccinations and immunisations carried out on persons over the age of sixteen years, and advised

local authorities that, in the opinion of the Ministry after consultation with representatives of local authorities and of the medical profession, there was no need for records in respect of persons over sixteen years old to be kept in future. Medical practitioners were informed accordingly.

A new consolidated return showing the different kinds of vaccine used and the numbers of persons vaccinated against each disease was brought into use in 1965, and is reproduced below.

## VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

TABLE 1.—COMPLETED PRIMARY COURSES  
(Number of persons under age 16)

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP ..	15	90	3	1	—	—	109
2. Triple DTP ..	289	420	39	9	24	15	796
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	—	2	1	24	1	28
5. Diphtheria ..	—	—	—	—	—	—	—
6. Pertussis ..	—	—	—	—	—	—	—
7. Tetanus ..	—	—	—	—	—	6	6
8. Salk ..	—	—	—	—	—	—	—
9. Sabin ..	126	487	159	52	97	44	965
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria) ..	304	510	44	11	48	16	933
11. Lines 1 + 2 + 3 + 6 (whooping cough) ..	304	510	42	10	24	15	905
12. Lines 1 + 2 + 4 + 7 (Tetanus) ..	304	510	44	11	48	22	939
13. Lines 1 + 8 + 9 (Polio) ..	141	577	162	53	97	44	1074

TABLE 2.—REINFORCING DOSES

(Number of persons under age 16)

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP	1	3	50	8	19	—	81
2. Triple DTP ..	2	56	70	10	88	16	242
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	3	9	1	518	18	549
5. Diphtheria ..	—	—	1	—	2	—	3
6. Diphtheria/Tetanus/ Salk .. ..	—	—	2	1	17	—	20
7. Tetanus .. ..	—	—	1	—	2	7	10
8. Salk .. ..	—	—	—	—	—	—	—
9. Sabin .. ..	7	42	42	10	355	11	467
10. Lines 1 + 2 + 3 + 4 + 5 + 6 (Diphtheria)	3	62	132	20	644	34	895
11. Lines 1 + 2 + 3 (Whooping cough)	3	59	122	18	107	16	323
12. Lines 1 + 2 + 4 + 6 + 7 (Tetanus) .. ..	3	62	130	20	644	41	902
13. Lines 1 + 6 + 8 + 9 (Polio) .. ..	8	45	94	19	391	11	568

## DIPHTHERIA IMMUNISATION

This prophylaxis is given either by the County Council medical staff or the general practitioners, according as the parents choose, at about 6 months old, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of five years.

In Kendal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at Infant Welfare Centres and following school medical inspection.

The success of this scheme may be judged from the fact that for the eighteenth successive year there were no cases of diphtheria notified amongst residents of the County.

Whilst it is generally held that, to provide the required security against diphtheria, about 75 per cent. of the children of school age should have been immunised within the last five years, it has not, in this County, been a routine practice to give booster doses at nine or ten years of age.



## WHOOPIING COUGH IMMUNISATION

Immunisation against Whooping Cough has been available under the Local Health Authority's services since 1950, when the Council amended its proposals to permit this; neither the Ministry nor the Authority have publicised this to the extent that the Diphtheria, Smallpox, Poliomyelitis, and to a lesser extent B.C.G., Vaccination facilities have been urged on the public. Nevertheless, an increasing number of children are receiving this form of protection, usually given in the form of combined vaccine giving protection against Diphtheria and Whooping Cough and, in many cases, Tetanus also.

## VACCINATION AGAINST SMALLPOX

It is the duty of Health Visitors to urge all parents to have their children vaccinated during the first two years of life, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements. A record of the treatment is usually sent to the County Medical Officer and fees are payable in respect of each report received.

Lymph is supplied free through the Public Health Laboratory Service and the Council has also taken power, in its proposals, to make such special arrangements as may be necessary in the event of a threatened epidemic of smallpox.

Details of vaccinations carried out during 1966 are:—

	Age at date of vaccination.							Total.
	0-3 mnths.	3-6 mnths.	6-9 mnths.	9-12 mnths.	1 year.	2-4 yrs.	5-15 yrs.	
No. vaccinated	76	56	12	40	348	141	23	696
No. revaccinated	—	—	—	—	—	2	45	47
								<hr/> 743 <hr/>

## POLIOMYELITIS VACCINATION

The Poliomyelitis Vaccination Scheme was introduced by the Ministry of Health in January, 1956.

Since the beginning of 1963 the scheme has extended to cover all persons under the age of 40 years, together with certain other "priority groups," viz:— General practitioners, ambulance staff, medical students, nurses, dental surgeons, certain staffs of health departments, hospitals and dental practices, together with the families of these persons, expectant mothers, and persons going abroad to countries outside Europe other than Canada or U.S.A.

All persons receiving Poliomyelitis Vaccine alone are now given Oral Vaccine, three doses of which comprise a course of primary immunisation, to be followed in the case of young children by a single reinforcing dose at or about the time of admission to school at five years of age.

A few general practitioners are using a quadruple vaccine, giving protection against poliomyelitis, diphtheria, whooping cough and tetanus. This vaccine, sold by one of the major drug manufacturers, has not however been recommended for use by the Ministry as yet.

The tables indicate that 1,074 courses of primary immunisation were completed during the year, and a total of 568 reinforcing doses were given.

Of 1,045 children born in 1965, the number known to have been immunised or vaccinated against the various diseases by the end of 1966 was:—

Diphtheria	...	757
Whooping Cough	...	757
Poliomyelitis	...	685

On the other hand, despite the advice of the Ministry that vaccination against Smallpox should be deferred until the second year of life, in 1966, 184 babies under one year were vaccinated, compared with 348 aged between one and two years. Taking account of the fact that relatively few children receive this treatment after they attain the age of two years, a total of 537 children vaccinated out of 1,045 born in 1965 is disappointing.

The following table, supplied by the Ministry of Health, shows the percentages of children vaccinated against the various diseases, with, for comparison, the figures for England and Wales.

	Children born in 1965			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Polio-myelitis	
England and Wales	72	73	68	38
Westmorland ..	73	73	66	51

In view of the financial incentive for the general practitioner, under the new arrangements due to come into operation on 1st April, 1967, it may well be that they will undertake more of this work and that the records of the work done by them will be more complete, in that the detailed record of treatment will also be the basis of their claim for payment from the Executive Council. Local health authorities



will no longer make payment for records, a duplicate of which will be passed on by the Executive Council.

The low acceptance rates for Poliomyelitis and Smallpox are particularly disappointing in view of the fact that a communication is sent by post to the parent of every child, inviting consent to these particular vaccinations. A review of the returns relating to children born in 1963 reveals, however, that by the time they reach four years of age at least 80% of the children in this County have been vaccinated against Poliomyelitis — a much happier state of affairs.

Despite the efforts of General Practitioners, Health Visitors, and the Health Department generally, it appears from these figures that about one in three parents fail to take advantage of the protection offered against these diseases. On the other hand, when health visitors are asked to check up on “defaulters” they are frequently informed by the parent that the child has already been immunised by the family doctor. What credence should be given to this information is doubtful — in some cases no doubt the family doctor has given treatment but has not troubled to send in the record, but it seems likely that, in some cases at least, this information is given to the nurse by a parent who does not care to admit that she just cannot be bothered to take the child to the doctor or clinic for treatment.

## **INFANT WELFARE CENTRES**

The Local Health Authority provides 14 infant welfare centres, two of which are staffed by Health Visitors only, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. Owing to the scattered nature of the population many of the clinics tend to be small, but one feels that there is a definite need even for a small clinic. In Kendal, however, the numbers attending have risen to such an extent that additional sessions will probably be needed.

In addition to the arrangements outlined on the following pages for the distribution of Welfare Foods, the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.



Details of Infant Welfare Centres in operation at the end of the year are given below:—

Area		Centre held at		Frequency of Sessions
Ambleside	..	British Legion Room	..	Monthly
Appleby	..	Old First Aid Post	..	Fortnightly
Bampton	..	Memorial Hall	..	Monthly
Bowness-on-W'mere		Rayrigg Room	..	"
Burneside	..	Bryce Institute	..	"
Grasmere	..	Reading Room	..	"
Kendal	..	Health Services Clinic	..	Weekly
Kirkby Lonsdale	..	Institute Hall	..	Monthly
Kirkby Stephen	..	Youth Centre	..	Fortnightly
Milnthorpe	..	Parish Church Hall	..	Monthly
Shap	..	Methodist Chapel Hall	..	"
Staveley	..	Working Men's Institute		"
Tebay	..	Methodist Chapel Hall	..	"
Windermere	..	St. John Ambulance		
		Rooms	..	"

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

### Attendance at Centres

			1964.	1965.	1966.
Under 1 year	...	...	3,131	3,060	2,586
Over 1 year	...	...	6,121	6,826	6,576
Average per session	...	...	36.1	36.8	35.0

### DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at the Kendal Clinic, and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceding 11 full years during which the Local Health Authority has been responsible for distribution are given in the following table:—

Year.		National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1955	...	34,430	8,858	3,089	38,822
1956	...	33,108	7,676	3,251	40,079
1957	...	25,768	7,198	3,502	41,824
1958	...	20,894	4,301	2,924	24,875
1959	...	20,202	4,218	3,420	26,212
1960	...	18,117	4,271	3,404	24,017
1961	...	14,990	2,894	2,706	15,564
1962	...	15,423	1,263	1,761	10,513
1963	...	14,595	1,108	1,679	12,204
1964	...	13,135	1,092	1,634	12,966
1965	...	12,585	1,129	1,630	13,330

The quantities distributed during 1966 were:—

Period.		National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1st Quarter	...	2,419	283	384	2,938
2nd Quarter	...	2,264	218	438	3,561
3rd Quarter	...	2,473	207	428	3,565
4th Quarter	...	2,000	309	442	3,383
Total for Year	...	9,156	1,017	1,692	13,447

Increases in the price of National Dried Milk and Orange Juice and the imposition of charges for Vitamin Tablets and Cod Liver Oil would appear to be the reason for the noticeable fall in the quantities distributed from time to time.

Whilst a more varied and adequate diet is certainly available than was the case when these supplements were first issued during wartime, it has been generally accepted that they have contributed in no small measure to the health of the young children, and it remains to be seen whether the same high standard will be maintained without them.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £2,701 were disposed of during the 1966-7 financial year.

## CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service. The approved proposals are as follows:—

The Council will provide a chiropody service by utilising the services of qualified chiropodists or by aiding voluntary bodies willing to assist in the provision of the service.

Priority will be given to the elderly, physically handicapped and expectant mothers.

The services will initially be based on Kendal and will be extended as circumstances permit to the remainder of the County. The frequency of the service to be provided in any particular part of the County will depend on the demand for the service and the availability of qualified chiropodists.

Where possible use will be made of the Council's clinics, but use will also be made of other suitable premises, including chiropodists' own surgeries, and domiciliary visits will be paid where necessary.

Detailed enquiries as to demand for the service and the availability of chiropodists qualified within the meaning of the N.H.S. (Medical Auxiliaries) Regulations, 1954, were immediately made, but owing to the unwillingness of chiropodists generally to accept the scale of fees proposed by the employers' side of the Whitley Council, it was impossible to get the service into operation until March 1961, when an interim agreement was reached locally.

The work is at present carried out by a full-time chiropodist who undertakes all surgery and domiciliary work in the Kendal, Lakes, and South Westmorland areas, whilst two part-time chiropodists deal with the cases in the extreme north of the area. There seems little doubt that the increasing demands on the service will require the appointment of a second full-time chiropodist in the fairly near future.

The Ministry now requires the submission of statistics relating to chiropody treatment, and the following is a simplified version of the return for the three months ended 31st December, 1966:—

Number of persons treated:—

(i) Persons aged 65 and over	...	797
(ii) Expectant mothers	...	—
(iii) Children under 5	...	—
(iv) Others	...	18
		<hr/> 815

Number of treatments given:—

(i) In clinics	...	508
(ii) In patients' homes	...	410
(iii) In old people's homes	...	179
(iv) In chiropodists' surgeries	...	181
		<hr/> 1,278



## UNMARRIED MOTHERS AND THEIR CHILDREN

The Superintendent Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified	..	..	35
Confinements in:—			
Mother's own home	..	..	4
Helme Chase Maternity Home	..	..	20
Penrith Maternity Home	..	..	2
City Maternity Hospital, Carlisle	..	..	4
Other addresses	..	..	5
Disposal of Infants:—			
Mother keeping baby	..	..	17
Baby in care of grandmother	..	..	2
Baby in care of aunt	..	..	1
Adopted	..	..	7
Left district	..	..	6
To foster parents	..	..	2

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:—

### St. Monica's Maternity Home, Kendal

The Home possesses 21 maternity beds, and during the year 72 maternity cases were admitted, for three of whom the Westmorland County Council assumed financial responsibility.

### Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 38 maternity beds, and during the year 146 maternity cases were admitted, for one of whom the Westmorland County Council were asked to assume financial liability.

In the case of both the Homes the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least six weeks afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

Cases are also sent to Mother and Baby Homes outside the County when these seem appropriate to the circumstances of particular cases, and in an increasing number of such cases the Diocesan Moral Welfare Workers are now recommending this.

## CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1966:—

### Born in Hospital:

Stillbirths	..	..	..	..	..	10
Live Births	..	..	..	..	..	52
Died within 24 hours of birth	..	..	..	..	..	5
Died between 1 and 7 days of birth	..	..	..	..	..	2
Survived 28 days	..	..	..	..	..	45

### Born at Home or Nursing Home

Stillbirths	..	..	..	..	..	—
Live Births nursed entirely at home or nursing home						—
Died within 24 hours of birth	..	..	..	..	..	—
Died between 1 and 7 days of birth	..	..	..	..	..	—
Survived 28 days	..	..	..	..	..	—
Live Births transferred to Hospital	..	..	..	..	..	—
Died within 24 hours of birth	..	..	..	..	..	—
Died between 1 and 7 days of birth	..	..	..	..	..	—
Survived 28 days	..	..	..	..	..	—

## REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936)

There were five registered homes at the end of the year, providing beds for 59 maternity patients and 51 other patients. They have been inspected at regular intervals.

In August 1963, the Minister of Health made “The Conduct of Nursing Homes Regulations, 1963”, which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The authority is also enabled to prescribe the number of patients (both in total, and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

It is pleasing to be able to report that such changes as were felt to be necessary in the Nursing Homes registered by this Council were in general agreed with the proprietors without resorting to the formal procedure provided for in the Regulations.

The conditions of all the homes were generally satisfactory, and in some cases really excellent.

# DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

During 1966, 75 sessions were devoted to the treatment of mothers and young children. This represents a slight decrease in time as compared with the previous year, and the amount of work done shows a proportionate decrease.

My thanks to the nursing staff, as always, for their continued help and co-operation in referring patients and for their constant dental health education of these priority groups by increasing their awareness, where necessary, of the advantages of regular dental attention.

## DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

### Part A. Attendances and Treatment

Number of Visits for Treatment during year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit.. .. .	113	51
Subsequent Visits .. .. .	110	92
Total Visits .. .. .	223	143
Number of Additional Courses of Treatment other than the First Course commenced during year .. .. .	28	2
Treatment provided during the year— Number of Fillings .. .. .	184	129
Teeth Filled .. .. .	165	119
Teeth Extracted .. .. .	77	68
General Anaesthetics given .. .. .	15	2
Emergency Visits by Patients .. .. .	2	1
Patients X-rayed .. .. .	1	3



	Children 0-4 (incl.)	Expectant and Nursing Mothers
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) .. .. .		15
Teeth Otherwise Conserved .. ..	60	
Teeth Root Filled .. .. .		1
Inlays .. .. .		3
Crowns .. .. .		2
Number of Courses of Treatment completed during the Year .. .. .	104	47

*Part B. Prosthetics*

Patients Supplied with F.U. or F.L. (First Time) .. .. .	6
Patients Supplied with other Dentures	5
Number of Dentures Supplied ..	15

*Part C. Anaesthetics*

General Anaesthetics Administered by Dental Officers .. .. .	17
--	----

*Part D. Inspections*

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year .. .. .	A. 247	D. 58
Number of Patients in A and D above who required Treatment .. ..	B. 149	E. 50
Number of Patients in B and E above who were offered Treatment .. ..	C. 149	F. 50

*Part E. Sessions*  
*Number of Dental Officer Sessions (i.e.*  
*Equivalent Complete Half Days) devoted to*  
*Maternity and Child Welfare Patients :*

For Treatment .. .. .	G.	75
For Health Education .. .. .	H.	5

M. D. McGARRY.

**DOMESTIC HELP SERVICE**

When preparing their proposals under the National Health Service Act the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. Statistical details are shown in Table II on page 51.

The work undertaken by the Service during 1966 has varied very little in volume from that of the previous year. A total of 395 people received help, as against 402 in 1965. 171 of those receiving help were new cases (170 new cases in 1965). Again there was an increase in the number of elderly people needing help, mainly on a long-term basis — the numbers were 302 as against 291 in 1965 and 269 in 1964. Maternity cases dropped from 37 in 1965 to 22 in 1966.

Of those patients who ceased to receive help, 59 did so because they recovered and no longer needed help, 36 people receiving help died, 40 went to hospital, to the care of relatives or to Part III accommodation, etc., and 18 patients made their own private arrangements after receiving home help. When people can financially afford to make their own arrangements it is to the advantage of the Service to assist them to do so as it relieves the Home Help Service for emergency work and allows us to provide more generous help for patients in modest financial circumstances. Naturally help is not refused to those in a more prosperous way, but they are encouraged to make their own arrangements where possible. Since the full cost charge was increased to 5/6d. per hour in May 1965, more patients have tried to make their own arrangements, although this sometimes proves impossible owing to a shortage of suitable local labour.

The number of home helps employed at 31st December, 1966, was 57 as against 59 at the same date in 1965. This does not mean, however, that there was a decrease in the amount of work undertaken, but only that a lesser number of home helps were working for the County Council at that particular date. The Council employs several



“casual” home helps whose numbers fluctuate considerably. These workers are enrolled to help on particular cases, usually in remote districts where no regular staff are available or where a great deal of help is needed for one case. When the need for help ceases these home helps usually leave the Service unless other work has become available in the meantime.

It would seem that the amount of work undertaken by the Service is now fairly steady from year to year. There are times when the work builds up, but these periods appear to be seasonal and do not last. As already mentioned there were 171 new patients, but as 153 people ceased to have help for a variety of reasons the overall increase in numbers was not very high.

## MIDWIVES' ACT

Total number of Midwives practising at the end of the year..	..	55
--	----	----

District Nurse Midwives	..	..	..	..	..	36
-------------------------	----	----	----	----	----	----

Midwives in Institutions and in Private Practice, viz:—

(a) Westmorland County Hospital	..	..	—
(b) Helme Chase Maternity Home ..	..	..	14
(c) St. Monica's Maternity Home, Kendal ..	..	..	3
(d) Brettargh Holt ..	..	..	2
(e) Private Practice ..	..	..	—
			— 19

Midwives' Notification Forms received during 1966 were as follows:—

Sending for Medical Aid ..	..	..	..	3
Stillbirth and death ..	..	..	..	13
Having laid out a dead body ..	..	..	..	—
Liability to be a source of infection ..	..	..	..	—

## CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to “make arrangements for promoting the welfare” not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on “all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons.”

All such applications are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1966 17 such cases were referred, of whom 14 were certified as blind and 3 as partially-sighted.

The total number of persons on the Council's register on 31st December, 1966, was 164 blind and 19 partially-sighted.

The following Tables relating to the causes of blindness and treatment obtained for certain conditions is included at the request of the Ministry of Health.

### Follow-up of Registered Blind and Partially-Sighted Persons

		Cause of Disability.			
		Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
		(1)	(2)	(3)	(4)
(i)	No. of cases registered during the year in respect of which Section F of Form B.D.8 recommends:—				
	(a) No treatment ..	—	—	—	9
	(b) Treatment (medical, surgical or optical)	2	1	—	4
(ii)	No. of cases at (i) (b) above which on follow-up have received treatment ..	—	1	—	2

### MENTAL HEALTH

As advised in Ministry of Health Circular 100/47, the Health Committee has appointed a Mental Health Sub-Committee to deal with its functions, under Section 57 of the National Health Service Act, and, so far as they relate to mentally-disordered persons, under Section 28 of that Act.

The Sub-Committee is now constituted as follows:—

Chairman and Vice-Chairman of the Health Committee ...	2
Members of the Health Committee (being members of the County Council) ... ..	10
Members of the Management Committees of Psychiatric Hospitals ... ..	4
Nominated by Westmorland Executive Council ...	1
Others (whether members of the Health Committee, or the County Council, or neither) ... ..	3
	—
	20
	—

Certain preliminary provisions of the Mental Health Act, 1959, having been brought into operation at earlier dates by Statutory Instrument, the main parts of the Act became operative on 1st November, 1960.

In general, the repeal of the Lunacy and Mental Deficiency Acts abolishes the old terminology, e.g. “lunatic” and “mental defective”, the new Act laying down instead a widely defined term, “mental disorder”, within which four categories are defined: (a) mental illness; (b) arrested or incomplete development of mind; (c) psychopathic disorder; and (d) any other disorder or disability of mind. The classification now depends almost exclusively on medical criteria, and whilst it is intended that the majority of cases admitted to hospital under the Act will do so with no more formality than they would enter hospital for a physical illness, provision is made for compulsory admission and detention of cases when this is necessary to override the unwillingness of the patient or his relatives.

Whilst it is open to the general practitioner to arrange informally for the admission to hospital of a patient, or for the “nearest relative” to make formal application, it is found in practice that the Mental Welfare Officers (formerly Duly Authorised Officers) are called upon, in the majority of cases, to make the necessary arrangements, and in many cases to convey the patients there.

Compulsory admission and detention is now based on an “application” for admission founded on the certificate of two medical practitioners, one of whom must have been approved as having special experience in the diagnosis or treatment of mental disorder. The magistrate no longer has any part in this matter, although the Courts may, under certain circumstances, authorise the compulsory admission to hospital or guardianship of persons convicted of criminal offences, if the Court is satisfied, on the evidence of two medical practitioners that the person is suffering from mental disorder.

Mental Health Review Tribunals have been set up for the purpose of reviewing, on application by the patient or his nearest relative, the case of patients compulsorily detained, with the duty to discharge those patients whose continued detention is no longer justified.

The service appears to be working smoothly, and it is particularly pleasing to be able to report that few difficulties have been experienced in securing admission of mentally ill patients to hospital.

In the course of the year admissions to hospital of patients were as follows:—

		Males.	Females.	Total.
Garlands Hospital, Carlisle	...	8	29	37
Lancaster Moor Hospital	...	44	86	130
		—	—	—
		52	115	167
		—	—	—

The shortage of beds for cases of severe subnormality is still acute, but even if a permanent bed cannot be obtained, the co-operation of the Medical Superintendents usually ensures the provision of temporary accommodation where there is a pressing need.



## Training Centre

The Centre, which has operated in Kendal since 1949, has since September 1964 been open five days per week, the terms coinciding with those fixed by the Local Education Authority for the local primary schools. The Centre caters for both sexes and all ages of patients. In order to widen the scope of the work an Assistant Supervisor and a domestic assistant have been added to the staff, and few cases are now found too troublesome for admission.

With a view to providing the more comprehensive centre service envisaged under new legislation, the Committee had hoped to commence building a new centre in Kendal during the financial year 1961-62 to cater for 50 patients, but difficulties regarding the site resulted in protracted delays. However, the Centre was eventually occupied in April 1966.

## AMBULANCE SERVICE

The Ambulance and Sitting Case Car Service continues efficiently. The two services are run separately; the Ambulance Service is under the direct control of the Ambulance Officer who is also the Chief Fire Officer, while the Sitting Case Car Service is run directly by the Health Department.

Details of the sitting case car work done during the year, and for comparison figures for the preceding four years, are given below:—

Year.			No. of Patients.	No. of Journeys.	Total Mileage.
1966	...	...	31,311	11,825	393,422
1965	...	...	36,340	11,352	400,930
1964	...	...	28,243	10,434	374,654
1963	...	...	25,961	10,662	379,422
1962	...	...	27,263	10,551	368,369

This year the number of patients and total mileage fell slightly from the record high figures reported last year. The acceptance of this number of requests and the allocation of journeys (an average of 45 per working day) is a formidable task for the office staff. Much of this work must, of necessity, to secure economy, be crowded into the last one and a half hours of the day, and it is, in all circumstances, surprising that this particular service gives rise to so few complaints from the public.

## EXTRACT FROM THE ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

This annual report for the year ending 31st December, 1966, covers the eighteenth year that the Ambulance Service has been under the control of the County Council. The work that falls upon the Service continues to increase and the total mileage covered rises accordingly. This upward trend in the number of patients carried and mileage (approximately 10% in 1966) is indicated in the figures below:—

		1949.	1961.	1965.	1966.
Patients carried	...	1,642	3,387	3,942	4,417
Miles run	...	68,821	79,980	90,053	104,070
Whole-time staff (Kendal)...		3	7	7	9

In the northern part of the County the increase in work is only slight and it is in the south where the bulk of the additional journeys fall.

The increase of two drivers to the whole-time establishment in Kendal has relieved what would probably have been a very desperate situation, and if the present circumstances prevail there should be no manpower difficulties in the southern part of the County in the immediate future.

The general condition of the vehicles is fair, but if the annual overall mileage of 104,000 miles continues machines will have to be replaced more frequently than in the past. Working on a mileage replacement basis, it will only be possible to miss purchasing a new vehicle every seventh or eighth year. Statistics for 1966 are given in the attached appendix.

I wish to thank the Chairman and members of the Health Committee for their interest and support during the year, to the County Medical Officer and his staff for their co-operation, and to all concerned with the Ambulance Service, whether full-time or part-time, for the excellent manner in which they have performed their duties under my command.

## EXTRACT FROM THE ANNUAL REPORT OF CHIEF INSPECTOR OF WEIGHTS AND MEASURES, 1966

### Food and Drugs Administration

The Food and Drugs Act confers certain functions on “local authorities” together with other quite separate functions on “food and drugs authorities”. This part of the report deals with functions of the County Council as the “food and drugs authority” for the County of Westmorland, and also deals with certain statutory provisions allied to those in the Food and Drugs Act, 1955.

Such legislation, mainly concerned with consumer services for the

# AMBULANCE SERVICE

## CALLS

Station	No.	Patients Carried				Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
		Infectious	Accidents	Maternity	Others					
Kendal ..	4	12	413	254	3176	3855	2674	90	2764	74112
Ambleside..	1	—	87	3	68	158	136	9	145	5588
Appleby ..	1	—	47	28	150	225	183	7	190	12576
K.Stephen..	1	—	65	13	101	179	147	6	153	11794
—	—	—	—	—	—	—	—	—	—	—
1965 ..	7	12	612	298	3495	4417	3140	112	3252	104070
1964 ..	7	15	533	282	3112	3942	2838	99	2937	90053
Average miles per journey:—	7	19	544	314	3160	4037	2856	89	2945	91394

Kendal ..	..	..	..	1966	1965	1964
Ambleside	..	..	..	26.81	25.89	25.2
Appleby ..	..	..	..	38.54	35.83	34.26
Kirkby Stephen	..	..	..	66.19	63.00	65.07
				77.01	71.59	76.00

On behalf of the Lancashire County Council 62 journeys were carried out with a mileage of 2,407.

## VEHICLES

Station	Make	Reg. No.	Year	Mileage at 31 Dec. 1966	Condition
Kirkby Stephen	Bedford	BJM765C	1965	13393	Very good
Kendal ..	Morris	LJM 8	1963	36769	Good
Kendal ..	Morris	JEC 6	1962	88321	Fair
Kendal ..	Dennis	882 SPH	1961	33272	Fair
Kendal ..	Morris	HEC 420	1960	132842	Fair
Ambleside	Morris	FJM 890	1959	115813	Fair
Appleby ..	Bedford	FEC 516	1958	95912	Poor



ultimate purchaser, is designed to ensure that foods and drugs are genuine and of the nature, substance and quality demanded; that descriptive or compositional labelling is accurate and not false or misleading and that foods do not contain prohibited substances or additives.

The use of colouring matter, preservatives and certain additives in food is controlled by limitations imposed by standards of composition defined by statutory orders or regulations in respect of certain foods.

Duties are primarily based on routine inspection in connection with other duties at retail outlets where packages are scrutinized for compliance with such provisions of the Food Labelling Orders as do not depend on a detailed analysis of the commodity.

A system of routine sampling under the Milk (Special Designation) Regulations is coupled with selective sampling under provisions in the Food and Drugs Act whereby preliminary sorting samples of milk are tested by the sampling officers as a basis for the submission of milk samples for analysis by the Public Analyst. In sampling foods other than milk an attempt has been made to cover to some extent the widely different food commodity groupings and articles of a medicinal nature of the kind normally sold by retail. Particular attention has been given to foods prepared and packed in Westmorland.

A substantial proportion of the time spent on work under this heading is in relation to milk sampling duties in what is regarded as a milk producing area. It is estimated that, in addition to milk received at the large collecting centres, milk for retail sale is bottled or cartoned at more than 200 farms and that milk is distributed by 300 or more authorized retailers, of whom 66 obtain supplies of pasteurised milk and 4 obtain supplies of sterilised milk for re-sale.

The total number of samples obtained comprises:—						
Samples for examination by the Public Health Laboratory Services:—						
Under the Milk (Special Designation) Regulations	...	...	...	...	...	450
Under the “Milk in Schools” Scheme...	...	...	...	...	...	57
Samples of milk for preliminary sorting tests by the Sampling Officers						
...	...	...	...	...	...	545
Samples for analysis by the Public Analyst:—						
Milk	...	...	...	...	...	29
Mainly of food or substances used in the preparation of food	...	...	...	...	...	116
						1,197

The number of samples analysed by the Public Analyst may be summarized as:—

Subject Group	Number Examined			Number adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Channel Islands Milk	1		1	1		1
Other liquid milk ..	*26	2	*28	11	1	12
Other than milk ..	1	115	116		10	10
	—	—	—	—	—	—
	28	117	145	12	11	23
	—	—	—	—	—	—

\* Includes 2 Milk “Appeal to Cow” Samples.

One sample of milk and one “other than milk” samples were examined for traces of insecticides under the Local Authority Associations Pesticide Residues in Foodstuffs Survey. No adverse reports were received in this connection.

Particulars of samples found to be irregular in some respect are as follows:—

Eight formal samples of milk disclosed figures for solids-not-fat below the presumptive limit of 8.5% set up in the Sale of Milk Regulations, 1939, but were classified as genuine on the Hortvet freezing point test.

<i>Description</i>	<i>Nature of irregularity</i>	<i>Observation</i>
Milk (formal)	Freezing point indicated 1.1% added water.	Producer cautioned.
Milk (formal)	Deficient of 3.2% solids-not-fat: freezing point indicated 8.9% added water.	Same producer. Sec. 32 Food and Drugs Act 1955. Producer fined £60 and £15.13.6 costs.
Milk (formal)	Deficient of 1.6% fat and 12.8% solids-not-fat; freezing point indicated 9.1% added water.	
Milk (formal)	Deficient of 1.6% fat.	Producer informed.
Milk (formal)	Deficient of 25% fat and 2.7% solids-not-fat, freezing point indicated 6.0% added water.	Sec. 2 Food and Drugs Act 1955. Distributor fined £5.
Milk (formal)	Deficient of 14.8% solids-not-fat, freezing point indicated 12.4% added water.	Same Producer. Sec. 32 Food and Drugs Act 1955. Producer fined £25 and £20.9.6 costs.
Milk (formal)	Deficient of 7.8% solids-not-fat, freezing point indicated 5.1% added water.	
Milk (formal)	Deficient of 7.7% solids-not-fat, freezing point indicated 4.8% of added water.	
Milk (formal)	Deficient of 6.2% solids-not-fat, freezing point indicated 2.5% added water.	
Milk (formal)	Deficient of 7.6% solids-not-fat, freezing point indicated 3.5% added water.	
Milk (formal)	Deficient of 7.6% fat.	Producer notified.
Milk (informal)	Contained 7 parts per 100,000 of moist red and white blood cells and other animal cells.	Producer cautioned. Milk Production Officer and complainant informed.



<i>Description</i>	<i>Nature of irregularity</i>	<i>Observation</i>
Channel Islands Milk (formal)	Fat content 3.62%. Deficient of 9.5% fat.	Selling price was that of ordinary milk. Bottler interviewed. Bottle was mistakenly labelled Channel Islands Milk on the cap.
Meat and Potato Pie (informal)	Contained two fragments of the body of an adult male cockroach together weighing 111 milligrams.	Sec. 2. Food and Drugs Act 1955. Manufacturer fined £25 and £18.18.0 costs.
Fruit Salad Dried (informal)	The sample consisted of a pre-packed mixture of dried fruits but bore no statement of ingredients.	Packer notified of statutory requirements.
Meat and Potato Pie (informal)	Meat content of pie only 6.6%. Recommended minimum meat content 12.5%.	Manufacturer agreed to comply with recommended standard.
Cottage Cheese (informal)	Consisted of low fat curd cheese and not a "medium fat curd cheese" as stated on label.	Manufacturer's attention directed to cheese regulations operating from 1st February, 1967.
Bread (informal)	Contained a total of 1.68 grammes of dough discoloured with mineral oil, iron, copper and zinc.	Bakery firm cautioned and complainant informed.
Brandy and Soda (informal)	Sample discoloured. Contained 20 parts per million iron (as Fe) and 0.017 per cent tannin.	(Tannin reacts with iron to produce a deep blue colour and solutions of iron have an astringent taste.) Complainant informed that similar results could arise if the water added to the brandy was from a jug insufficiently rinsed after having been used for the neutralising solution of a "Home Perm" outfit.
Stewed Steak Canned (informal)	Size of lettering of the words "Irish Stewed Steak" more than twice that of the words "with gravy". Should have been in type of a uniform size.	Importers agreed to revise the label and this has been done.
Christmas Pudding (informal)	Contained 580 parts per million Propionic acid. The Preservatives in Food Regulations 1962 do not permit propionic acid in Christmas Puddings.	This proportion of propionic acid is within the limits permitted in flour. The manufacturer has revised his arrangements to comply with the requirements.
Ground Almonds (informal)	Acid value of extracted oil 4.8%.	No further action.
Potted Meat (informal)	Meat content only 77%. Recommended meat content for Potted Meat 95%.	Manufacturer on interview agreed to change this description to Meat Paste.

# Milk in Schools Scheme

Samples, in accordance with a request from the County Medical Officer, have been obtained from consignments of milk supplied to schools. At least one sample was procured from milk delivered by each supplier of "school milk". Our records list 112 schools of which 98 receive milk in third-pint containers, 8 schools receive milk in pint bottles and 6 schools are supplied with milk in churns.

"Pasteurised" milk is supplied to 69 schools and 43 schools receive "Untreated" milk.

Fifty-seven samples were sent for examination and the results of tests are reported as:—

Type of Milk		Samples taken	Methyl. Blue Test Pass	Fail	Phosphatase Test Pass	Fail	b. abortus culture isolated
Pasteurised	..	21	18	3	21	—	—
Untreated	..	36	31	5	—	—	—
		—	—	—	—	—	—
		57	49	8	21	—	—
		—	—	—	—	—	—

# Milk (Special Designation) Regulations

Only milk to which one of the special designations applies may normally be sold by retail, but having regard to the difficulty of obtaining designated milk in remote rural areas the Ministry of Agriculture, Fisheries and Food have issued "consents" to dispense with this requirement in relation to retail sales of milk to certain persons named as customers of the dairymen concerned. Twenty-one such consents were in operation on the 31st March, 1967.

The special designations are, for raw milk "UNTREATED" and for heat-treated milk, "PASTEURISED", "STERILISED" and "ULTRA HEAT TREATED". Authorization for the use of such special designation, by milk dealers other than producers, is by licence granted by the County Council as the Food and Drugs Authority. The number of dealers holding such licences at 31st March, 1967, was 112. One dealer holds a milk dealer's (Pasteuriser's) licence.

The conditions of a dealer's licence include a requirement that milk to which the designation "Untreated" or "Pasteurised" is applied shall satisfy a Methylene Blue test and that heat-treated milk shall satisfy the phosphatase test for "Pasteurised" milk or the Turbidity test for "Sterilised" milk or the Colony Count test for "Ultra Heat Treated" milk. Samples procured for this purpose were sent for examination by the Public Health Laboratory Services and the results are summarized as:—

## Results of Tests

Type of Milk		Number of Samples	Methylene Blue Test			Phosphatase Test		Turbidity Test		Brucella abortus culture isolated
			Pass	Fail	Void	Pass	Fail	Pass	Fail	
Ultra Heat										
Treated	..	—	—	—	—	—	—	—	—	—
Sterilised	..	8	—	—	—	—	—	8	—	—
Pasteurised	..	154	135	10	9	154	—	—	—	—
Untreated	..	288	252	21	15	—	—	—	—	—
		—	—	—	—	—	—	—	—	—
		450	387	31	24	154	—	8	—	—
		—	—	—	—	—	—	—	—	—

## Pharmacy and Poisons Act

The County Council is responsible for the administration of statutory provisions relating to the sale of poisonous substances by retail dealers who are not pharmacists. These provisions permit certain listed poisons to be sold by shopkeepers and others provided that the seller is registered with the Council for this purpose. Forms in which such poisons are commonly sold include household ammonia, paint removers, hair dyes, disinfectants, insecticides, horticultural sprays and seed dressings. The method of labelling and type of container are required to comply with prescribed requirements, and in respect of more dangerous poisons, particularly nicotine, arsenical or mercuric fungicides or insecticides there are restrictions upon sale which include the seller's knowledge of the purchaser and the keeping of a Poisons Book.

The Council's list of persons entitled to sell poisons of the descriptions set out in Part II of the Poisons List consists of particulars of 152 retail dealers who are not pharmacists. All have been visited at least once during the period under review and the system of quarterly examination of entries in Poisons Books has been maintained. No reports of any unauthorized sellers have been received.

## Fertilisers and Feeding Stuffs Act

The general purpose of this Act is to prevent fraud in, and to provide civil remedies for, the misdescription of fertilisers or animal feeding stuffs. Sellers are required to give to the purchaser a statement containing the name under which the article is sold and a declaration of the percentage by weight, subject to permitted limits of variation, of certain ingredients, the most common of which are for feeding stuffs, oil, protein and fibre, and for fertilisers, nitrogen, phosphoric acid and potash.



## CANCER TREATMENT

The following details have been supplied by courtesy of the North Lancashire and South Westmorland Hospital Management Committee:—

Number of Clinics held at Kendal during the year ending

31st December, 1966 ...	...	...	12
,, New Cases seen ...	...	...	73
,, Follow-up Cases seen ...	...	...	564

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

### Deaths from Cancer, 1965 and 1966.

	1965.			1966.		
	Males.	Females.	Total.	Males.	Females.	Total.
Urban Districts	39	49	88	44	34	78
Rural Districts	24	47	71	46	40	86
			<hr/>			<hr/>
		Grand Total	159		Grand Total	164
			<hr/>			<hr/>

## TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

The County Council has also agreed to accept financial responsibility for cases where admission to a rehabilitation colony or village settlement is recommended by the Tuberculosis Officers, but it is many years since this was found necessary.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1966 87 contacts were tested, of whom 27 were found positive. Eighty-eight contacts were vaccinated. This latter figure includes a number of newborn infants vaccinated without any preliminary skin test.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments.

The following Table gives details of the work done under the scheme during 1966:—

Number Skin Tested.	Found Positive.	Vaccinated.
1,024	35	989

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following Table:—

Year.	Percentage of children found positive.	
1955	...	34
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7
1962	...	7.8
1963	...	7.9
1964	...	4.6
1965	...	4.1
1966	...	3.4

## TUBERCULOSIS

In the following Table are the figures for the notifications of, and deaths from Tuberculosis in 1966:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	2	—	—	—	—	—
15	—	1	—	—	—	—	—	—
25	—	—	—	—	—	—	—	—
35	—	—	—	—	—	—	—	—
45	2	—	—	1	1	—	—	—
55	3	—	—	—	—	—	—	—
65	—	—	—	—	1	—	—	—
75	—	—	—	—	—	—	—	—
1966	5	1	2	1	2	—	—	—
1965	10	3	—	5	2	—	—	—



# TUBERCULOSIS AND OTHER CHEST DISEASES

## NORTH WESTMORLAND

### Introduction

The Chest Centre statistics for 1966 show little alteration in the trend as far as tuberculosis and pulmonary cancer are concerned. The number of new cases of active pulmonary tuberculosis was 35 in 1966 compared to 34 in 1965. The number of cases of tuberculosis under supervision at the Chest Centre has dropped from 1,248 to 1,013, although the number of cases on the active register increased slightly from 424 to 427. The diagnosis of the disease was confirmed bacteriologically in just under 50% of the new cases.

The number of new cases of bronchial carcinoma for 1966 unfortunately shows a slight increase compared to 1965, but the figure is still below that of 1964. Of the new cases only 7 were submitted for surgery. The Cytotoxic Drug therapy trial still continues and it is yet too early to draw any conclusions from this.

The number of new cases of bronchiectasis seen at the Chest Centre in 1966 is a new low record, and the majority of these cases were in adults. All cases are treated by intensive physiotherapy, including postural drainage, and no case has been referred for surgery during the year. The steady decline of serious respiratory disease in childhood, along with prompt detection and treatment with antibiotics, has obviously contributed most to this state of affairs. Indeed, bronchiectasis should largely disappear completely now as a surgical problem.

Chronic bronchitis with or without emphysema is the commonest condition seen in new patients, and, in spite of treatment, continues to take an abnormally high toll of life in this country; it is estimated that five times as many people die of this disease as are killed on the roads.

### Tuberculosis

Table 1 shows the number of notifications throughout England and Wales for 1966 and the preceding five years:—

TABLE 1

Year	Pulmonary	Non-pulmonary
1961	19,187	2,728
1962	17,973	2,685
1963	16,355	2,608
1964	15,026	2,581
1965	13,552	2,550
1966	12,172	2,209

Table 2 shows the number of notifications in the area covered by the East Cumberland Hospital Management Committee area for the past ten years.

TABLE 2

Year	Carlisle City		East Cumberland		North Westmorland		TOTAL	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
1957	68	8	54	12	3	1	125	21
1958	66	17	47	15	4	1	117	33
1959	59	8	50	11	7	2	116	21
1960	46	12	19	6	7	2	72	20
1961	28	9	28	8	2	1	58	18
1962	26	—	23	2	3	1	52	3
1963	19	4	18	5	—	1	37	10
1964	14	6	25	6	3	—	42	12
1965	20	4	14	5	—	1	34	10
1966	20	1	11	4	4	1	35	6

There has been comparatively little change in the regimen of investigation and therapy in tuberculosis. No new drugs have been introduced, and therapy with our present drugs has proved reasonably satisfactory in most cases. Comparatively few patients with tuberculosis require surgery. The number of cases of tuberculosis with organisms resistant to most drugs at the end of the year total 4.

The problem of tuberculosis in immigrants in this Country is still a serious one and little positive action has been taken by British Governments to prevent tuberculosis being imported. Most of the imported tuberculosis is found amongst Indians and Pakistanis. The majority of these immigrants settle and work in Midland Centres such as Birmingham and Bradford, and, as far as numbers go, this area has had comparatively few immigrants, suggesting that the problem in this area is insignificant. The actual number of immigrants suffering from tuberculosis in an area is not, however, the whole problem.

Much more serious is the problem of drug resistance in these cases. Primary drug resistance was shown by the M.R.C. report in 1963 to be much commoner in immigrants. Although during 1966 we have had only one case of tuberculosis in an immigrant in this area, this case is also drug resistant. In 1961 we had six immigrants in this area who were found to be suffering from tuberculosis. Unfortunately the immigrant discovered last year has been in Carlisle since 1961 and escaped our contact examinations.

Not only does this new immigrant have a positive sputum but the organisms present are resistant to first-line anti-tuberculous drugs. Moreover, in spite of his sojourn in Carlisle for six years, he cannot speak a word of English. He has obviously had treatment for tuberculosis in the Far East, but because of language difficulties it is quite impossible to discover what drugs were then used in his treatment. Finally, during his stay in Carlisle he has been employed in a restaurant.

The risk to other people during this period has therefore been very real and dangerous. The possibilities of developing active disease with drug resistant tubercle bacilli creates immense problems as far as treatment is concerned. One must strongly emphasize therefore the need for complete medical and X-ray examination of all prospective immigrants before they are allowed into the Country. This measure demands urgent priority.

Contact examinations have continued as in previous years, and no contact has been found to be suffering from active disease. All susceptible contacts have been vaccinated with B.C.G. vaccine.

Table 3 shows the number of chest beds available during the year with the number of discharges for both 1966 and 1965.

TABLE 3

Hospital	Beds available	No. discharged in 1966	No. discharged in 1965
Ward 18, Cumberland Infirmery . . . . .	14	267	271
Longtown Hospital..	26	146	141
Blencathra Hospital	11	27	43



## Lung Cancer

Table 4 shows the number of cases of carcinoma of the lung seen at the Chest Centre during 1966 and the previous nine years.

TABLE 4

Year	Carlisle City	East Cumberland	North Westmorland	Total
1957	23	11	3	37
1958	27	27	5	59
1959	26	31	2	59
1960	31	20	3	54
1961	28	30	6	64
1962	30	29	1	60
1963	34	36	4	74
1964	36	38	6	80
1965	26	26	2	54
1966	35	29	3	67

The first report of the M.R.C. on the evaluation of therapy in bronchial carcinoma was published in November last. This concluded that the results of treatment in small celled carcinoma of the bronchus are very poor, and that neither surgery or Megavoltage radiotherapy appreciably influences the course of the disease; if anything, the advantage in this type of bronchial carcinoma lay with radiation therapy. In the squamous type of bronchial carcinoma on the other hand, providing the individual patient conforms to the accepted minimal standards required for surgery, then surgery here is obviously the therapy of choice.

W. HUGH MORTON, M.B., D.P.H., M.R.C.P.(Ed.),  
Consultant Chest Physician.

## SOUTH WESTMORLAND

### Tuberculosis

At the end of the year the number of patients on the Clinic Register was slightly higher than in 1965 — 201 against 197. During the year eleven new respiratory cases and two new non-respiratory cases were found compared with eight and three in 1965, so the increase in the Register figures is partly due to inclusion of cases under observation only. Of the new cases, four developed their infection as a result of close contact with open cases, all of whom have been identified and treated. The others suffered a breakdown in old tuberculous disease. Both non-respiratory cases suffered from a breakdown of previously infected neck glands. Of the eleven new respiratory cases, three live outside South Westmorland but attended this clinic for convenience of public transport, so there is in fact very little new tuberculous disease being found in this area. The Mass X-ray Unit is finding fewer cases of tuberculosis than in the past. All strains of tubercle bacilli isolated were sensitive to the drugs commonly used in treatment.

### Hospitals

Beaumont Hospital remains the main centre for in-patient treatment but most patients remain for only a few weeks before being allowed home. Admission is immediate as there is no waiting list.

### Clinics

				1963.	1964.	1965.	1966.
New Cases	...	...	...	422	398	306	379
B.C.G. Vaccination		...	...	63	72	40	59
Total Attendances		...	...	1,159	1,193	1,090	1,073
Visits by Tuberculosis Health Visitor	...			1,085	926	731	810

The volume of work remains fairly constant and it is a gratifying state that all the tuberculous patients have responded well to treatment although the disease is still not eradicated. The outlook for patients with carcinoma of the bronchus remains, unfortunately, depressingly less good and seventeen new cases were referred to the Clinic during the year and this is not the full total of patients in the area as a number are diagnosed by, or referred to, other hospital departments. The toll exacted by cigarette smoking in terms of this condition and chronic bronchitis is still unrelieved.

Chronic bronchitis is more prevalent among lower paid workers in overcrowded cities, but as the annual consumption of tobacco rises the disease might be paradoxically considered as one of the affluent society.

A steadily increasing fiscal restriction seems to have as much — or as little — effect as exhortation; complusion is not likely to have any part to play and the hopes for a reduction in the morbidity of bronchitis and the frightening mortality of lung cancer must lie in the research laboratories, but the least that can, and must, be achieved in the clinics and elsewhere is to make every cigarette smoker fully aware of the risks he or she runs. Decisions are for the individual, but our advice must be informed and explicit.

I wish to extend my thanks to the Medical Officer of Health and his Tuberculosis Health Visitor, Miss Dale, for their co-operation, and to the nursing and clerical team of the Chest Clinic for their work throughout the year.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.,  
Consultant Chest Physician.

No. 5 MASS RADIOGRAPHY UNIT

This Unit, operating under the aegis of the Manchester Regional Hospital Board, is now intended to visit Kendal annually, and the remainder of South Westmorland and the Lakes area every third year.

The fourth of these annual visits to Kendal was made between 23rd May and 10th June, 1966, when 3,437 persons, 1,688 males and 1,749 females were X-rayed, compared with a total of 1,987 seen the previous year. No active case of tuberculosis was discovered, but there was one Malignant Neoplasm.

The following is a summary of the Table supplied by Dr. Capper showing the abnormalities discovered:—

	MALES		FEMALES		TOTAL	
	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000
Tuberculosis:						
(a) requiring close supervision or treatment ..	—	—	—	—	—	—
(b) requiring only occasional out-patient supervision ..	1	0.6	—	—	1	0.3
Malignant Neoplasms .. ..	—	—	1	—	1	—
Acquired Cardiac Abnormalities .. .. .	6	—	7	—	13	—



TABLE I

**ANTE-NATAL MOTHERCRAFT and RELAXATION CLASSES**

Number of women who attended during the year ..	Institutional booked..	343
	Domiciliary booked ..	6
	Total .. .. .	349
Total attendances during the year .. .. .		1557

TABLE II

**DOMESTIC HELPS**

(a) Number of Domestic Helps employed at 31st December, 1966:—							
(1) Whole-time	..	..	..	..	..	..	—
(2) Part-time	..	..	..	..	..	..	57
(3) Whole-time equivalent of (2) above	..	..	..	..	..	..	25
(b) Number of cases where Help was provided:—							
(1) Aged 65 years or over	..	..	..	..	..	..	302
(2) Chronic Sick and tuberculous	..	..	..	..	..	..	48
(3) Mentally disordered	..	..	..	..	..	..	5
(4) Maternity	..	..	..	..	..	..	22
(5) Others	..	..	..	..	..	..	18
							395

TABLE III

**HOME NURSING**

	Persons aged under 5 yrs. at first visit	Persons aged 5-65 yrs. at first visit	Persons aged over 65 yrs. at first visit	Totals
No. of persons nursed during year ..	134	928	1,531	2,593
No. of visits paid during year ..	587	14,591	55,649	70,827

## CHILD WELFARE CENTRES

TABLE IV

No. provided	No. of children who attended and who were born in :—			No. of sessions held by:				Total number of sessions	Total attendances of children who were born in :—		
	1966	1965	1961-64	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1966	1965	1961-64
14	372	332	318	83	87	92	—	262	2,586	3,089	3,487

## HEALTH VISITING

TABLE V

	Children born in :—			Total children	Persons aged :—		Mentally disordered persons	Persons (excl. maternity cases) discharged from hospitals	Tuberculous households	Households visited on account of other infectious diseases
	1966	1965	1961-64		5-65 yrs.	65 yrs. or over				
No. of cases visited . .	986	1,196	2,101	4,283	528	893	51	192	172	320
No. of visits	8,158	6,158	8,388	22,704	2,127	5,569	279	264	810	385

TABLE VI  
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked	Doctor booked	Total	
5	48	53	783

TABLE VII

AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-66 (2)	Total No. of patients (3)	Total No. of Journeys (4)	No. of emergency patients included in col. (3) (5)	Total mileage during period (6)
Ambulances ..	7	4,417	3,252	612	104,070
Cars ..	See below*	31,311	11,825	248	393,422

NOTE.—\*The Sitting-case Car Service was provided by voluntary drivers and by taxis.



MENTAL HEALTH ACT, 1959: PATIENTS IN COMMUNITY CARE

	MENTALLY ILL		PSYCHOPATHIC		SUB-NORMAL		SEVERELY SUB-NORMAL				ELDERLY MENTALLY INFIRM		GRAND TOTAL
	Under age 16 M. (1)	16 and over F. (2)	Under age 16 M. (5)	16 and over F. (6)	Under age 16 M. (9)	16 and over F. (10)	Under age 16 M. (13)	16 and over F. (14)	16 and over M. (15)	16 and over F. (16)	M. (17)	F. (18)	
2. Number of Patients under Guardianship at 31-12-66 .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Number of Patients under L.H.A. care at 31-12-66 .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Total Number .. .. .	-	7	-	1	4	2	11	8	12	8	-	2	155
(b) Attending day training centre .. .. .	-	-	-	-	2	1	10	7	4	3	-	-	42
Awaiting entry thereto .. .. .	-	-	-	-	1	-	1	1	-	-	-	-	8
(c) Resident in residential training centre .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting residence therein .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Receiving home training .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting home training .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Resident in L.A. home/hostel .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	1
Awaiting residence in L.A. home/hostel .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
Resident at L.A. expense in other home .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
Resident at L.A. expense by boarding out in private household .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
(f) Receiving home visits and not included under (b) to (e) .. .. .	-	7	-	1	1	1	-	-	8	5	-	2	104
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31-12-66 .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) In urgent need of hospital care .. .. .	-	-	-	-	1	-	-	-	-	1	-	-	2
(b) Not in urgent need of hospital care .. .. .	-	-	-	-	-	-	-	1	2	1	-	-	15
5. Number of patients admitted temporarily for residential care .. .. .	-	-	-	-	3	-	-	-	-	-	-	-	11
(a) To N.H.S. hospitals .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) To L. A. Residential Accom. .. .. .	-	1	-	-	-	-	-	-	-	-	-	-	3
(c) Elsewhere .. .. .	-	1	-	-	-	-	-	-	-	-	-	-	3

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1966

REFERRED BY	MENTALLY ILL		PSYCHOPATHIC		SUB-NORMAL		SEVERELY SUB-NORMAL		GRAND TOTAL
	Under age 16 M. (1)	16 and over F. (2)	Under age 16 M. (5)	16 and over F. (6)	Under age 16 M. (9)	16 and over F. (10)	Under age 16 M. (13)	16 and over F. (14)	
(a) General practitioners .. ..	1	14	1	1	-	-	-	1	38
(b) Hospitals, on discharge from in-patient treatment .. ..	-	4	-	-	-	-	-	-	16
(c) Hospitals, after or during out-patient or day treatment .. ..	-	4	-	-	-	1	1	-	12
(d) Local education authorities .. ..	8	-	-	-	-	-	-	-	9
(e) Police and courts .. ..	-	1	-	-	-	1	-	-	6
(f) Other sources .. ..	3	7	-	5	1	1	3	1	41
(g) Total .. ..	12	30	-	6	1	2	4	2	122

# NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1966

Ages	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Acute Pneumonia	Acute Poliomye- litis non-Paralytic	Acute Poliomye- litis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia	Ophthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Under 1 year .. ..	—	—	—	—	—	—	—	—	—	—	—	10	2	—	—	—	—
1-2 Years .. ..	—	1	—	—	—	—	—	—	—	—	—	105	5	—	—	—	—
3-4 Years .. ..	—	1	—	—	—	—	—	—	—	—	—	114	4	—	—	—	—
5-9 Years .. ..	—	10	—	—	—	—	—	—	—	—	—	208	10	—	—	—	—
10-14 Years .. ..	—	1	—	—	—	—	—	—	—	—	—	40	1	—	—	—	—
15-24 Years .. ..	—	1	—	—	—	—	—	—	—	—	—	7	—	—	—	—	—
25 years and over .. ..	—	—	1	—	5	—	—	—	—	—	—	2	1	1	—	—	2
Age unknown .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified .. ..	—	14	1	—	5	—	—	—	—	—	—	486	23	1	—	—	2
Cases admitted to Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Total Deaths .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



# NOTIFIABLE DISEASES, 1966

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomye- litis non-Paralytic	Acute Poliomye- litis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia	Opthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Appleby ..	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Kendal ..	—	7	1	—	2	1	—	—	—	—	—	—	—	121	12	—	—	—	2
Lakes ..	—	—	—	—	—	—	—	—	—	—	—	—	—	33	—	1	—	—	—
Windermere ..	—	—	—	—	1	—	—	—	—	—	—	—	—	24	—	—	—	—	—
N. Westmorland..	—	1	—	—	2	—	—	—	—	—	—	—	—	193	1	—	—	—	—
S. Westmorland..	—	6	—	—	—	2	5	—	—	—	—	—	—	114	10	—	—	—	—
Totals 1966 ..	—	14	1	—	6	3	5	—	—	—	—	—	—	486	23	1	—	—	2
Totals 1965 ..	—	15	3	—	13	5	5	—	—	—	9	2	—	867	15	—	2	—	2

## STAFF OF THE SCHOOL HEALTH SERVICE

*Principal School Medical Officer*—JOHN A. GUY, M.D., D.P.H.

*Deputy Principal School Medical Officer*—

I. S. BAILEY, M.A., M.R.C.S., L.R.C.P., D.P.H.

*Principal School Dental Officer*—M. D. MCGARRY, L.D.S.

*School Dental Officers*—

D. J. HARRISON, B.D.S.

J. B. MILLAR, B.D.S., L.D.S.

B. C. TOMLINSON, L.D.S., R.C.S.

*Audiometrician*—Part-time: Mrs. V. I. BIELBY.

## SPECIAL CLINICS AND CONSULTANTS

*Diseases of the Eye*—

W. B. BROWNLIE, F.R.C.S., Underwood, Heversham

(Resigned 31-12-66).

*Diseases of the Chest*—

Dr. W. HUGH MORTON, Consultant Chest Physician, Chest Centre, Carlisle.

Dr. R. DOUGLAS YOUNG, Consultant Chest Physician, Lancaster and Kendal.

*Consulting Psychiatrist*—

Dr. R. C. CUNNINGHAM, Medical Superintendent, Royal Albert Hospital, Lancaster.

## THE EDUCATION AREA

County of Westmorland:—

Area	...	...	...	504,917 acres
Population (estimated mid-1966)	...	...	...	67,410
Estimated Product of 1d. Rate, 1966-67	...	...	...	£9,127
Number of Schools—Primary	...	...	...	82
Secondary	...	...	...	11
Nursery	...	...	...	1
Special	...	...	...	1
Number of pupils (January 1966)—				
Primary	...	...	...	5,750
Secondary	...	...	...	3,994
Nursery	...	...	...	53
Special	...	...	...	20
				9,817

## MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is gratifying to report that all milk now supplied to maintained schools in the County is designated, but the position cannot be regarded as entirely satisfactory until all supplies are heat-treated and delivered in one-third pint bottles.

### County Schools

Designation of milk supplied.	No. of schools.
Untreated	35
Pasteurised	59
	94
Number of schools taking milk in other than $\frac{1}{3}$ -pint containers	9

### Independent Schools

Untreated	7
Pasteurised	7
Number of schools taking milk in other than $\frac{1}{3}$ -pint containers	3

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 53 samples taken 8 failed to satisfy the prescribed tests.



## Infestation (Uncleanliness)

During the past year 15,691 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 72 compared with 35 during the previous year. This figure shews an unwelcome increase over the record low figure reported in 1965, but compares favourably with 708 children found unclean in 1945.

The following Table shows the incidence of infestation during the past ten years.

Year.	No. of examinations for uncleanliness.		No. of children found unclean.		Per cent of children found unclean.	
1957	...	24,299	...	80	...	1.0%
1958	...	21,790	...	100	...	1.4%
1959	...	20,872	...	57	...	0.8%
1960	...	18,693	...	107	...	1.5%
1961	...	19,124	...	94	...	1.8%
1962	...	19,287	...	82	...	1.3%
1963	...	18,736	...	110	...	1.7%
1964	...	18,502	...	71	...	1.0%
1965	...	16,956	...	35	...	0.5%
1966	...	15,691	...	72	...	1.0%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

## Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids now comprise only a small proportion of the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 11 pupils were referred to hospital on account of this defect as a result of school medical inspection, evidence is available to show that no less than 83 children received operative treatment for adenoids and chronic tonsillitis during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Department of Education and Science is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking medical officers to record for each child seen at periodic inspection whether he or she has undergone the operation at any previous time.

The figures observed in this County in 1966 are as follows:—

		No. examined.	No. who had had tonsillectomy.	Percentage.
Entrants	...	922	14	1.5
Intermediates	...	812	99	12.2
Leavers	...	735	142	19.3
Others	...	249	39	15.6

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness and infected sinuses. Thirty-seven cases were referred during the past year compared with 26 in the previous year, due in large measure to the reference to hospital of a number of children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:—

	Condition.	No. of children referred.
Defective hearing	... ..	24
Enlarged tonsils and adenoids with other symptoms	...	11
Ear-ache	... ..	2

## Speech Therapy

Number of children who have attended for Speech

Therapy	... ..	16
„ attendances made	... ..	193

Up to the time of writing we have still been unable to obtain a qualified full-time Speech Therapist to replace Miss Cade who resigned in August 1963, although, since April 1966, we have had the part-time services of Mrs. Spencer. Unfortunately, the amount of time she is available makes only a minute impression on the volume of work needing to be done.

## Audiometric Surveys

In 1960 the Committee decided to institute routine audiometric surveys of children in attendance at maintained schools in the County. Now that this work is carried out by a part-time member of the staff who has no other duties it is possible to arrange the programme at times more convenient to the schools, and arrangements were made for the Audiometrician to receive instruction at Mr. Freeman's Ear, Nose and Throat Clinic, and also to attend a course of instruction in this work at Manchester University.

The normal procedure is for all children in attendance at a school to be subjected to a Sweep Test, using the Amplivox Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there

are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the test is repeated when the condition has resolved.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Figures showing the work undertaken in this connection are given below :—

Schools visited	...	...	...	55
Number of children sweep tested	...	...	...	1,818
Requiring further investigation	...	...	...	198

### Child Guidance Clinic

The services of Dr. R. C. Cunningham continue to be available as Consultant Psychiatrist at the Child Guidance Clinic.

Number of attendances during 1966	...	...	18
„ cases	...	...	16

### School Clinics

The Ministry has requested that this Report should give the location and details of the session held at the School Clinics, and the relevant information is given below :—

Location.		Types of Clinics.		Frequency of Sessions.
Health Services Clinic,				
Kendal	...	Dental treatment	...	Daily
		Ophthalmic examination	...	Weekly
		Speech Therapy	...	As required
		Vaccination	...	As required
		Child Guidance	...	As required
U.D.C. Offices,				
Ambleside	...	Dental	...	As required
Appleby Clinic	...	Dental	...	As required
		Vaccination	...	As required

### Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.



Number of children known to be attending Hospital Out-Patient Departments:—

Westmorland County Hospital	...	...	463
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## Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school-teachers or the Educational Adviser to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 40, of whom 27 were recommended for admission to Special Schools for educationally subnormal pupils and 2 for partially hearing pupils.

In addition, 7 children were found to be ineducable and recommended for action under Section 57(4), Education Act, 1944. Eight children were referred for further examination after a trial period; 4 children were recommended for special help in ordinary schools. A copy of the report on each case is submitted to the Educational Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend.

I am indebted to the Director of Education for the figures in the Table on pages 74 to 76.

## Treatment of Defective Vision

All schoolchildren found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continued until 31st December, 1966, to hold sessions as required at the Kendal Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

At the end of the year Mr. Brownlie decided to retire, and arrangements are in hand for Mr. O. M. Duthie, F.R.C.S., formerly Consultant Ophthalmologist at the Manchester Royal Eye Hospital, to undertake the work.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision ... 174

## **B.C.G. VACCINATION OF SCHOOLCHILDREN**

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1966 the following work relating to schoolchildren was undertaken:—

Number Skin Tested.	Number Positive.	Number Vaccinated.	Percentage Positive.
1,024	35	989	3.04

The percentage of children found positive shows a slight reduction from the figure of 4.09% recorded last year, and is again the lowest so far recorded.

## **POLIOMYELITIS VACCINATION**

This work is carried out under the control of the Local Health Authority and is reported fully in the Report of the County Medical Officer of Health, but I would here like to acknowledge once again the ready co-operation of the teachers and their forbearance in the frequent interruption of the school routine which repeated visits to the schools in connection with this work entails.

## **REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1966**

I have the honour to present the annual report for the School Dental Service for the County of Westmorland for 1966. The statistical tables will be found on pages 72 and 73.

### **Staff**

During 1966 no change occurred in staffing, either amongst Dental Officers or Dental Surgery Assistants.

### **Dental Inspection and Treatment**

All schools in the County had a routine Dental Inspection during 1966. The treatment figures show little significant change from those for the previous year. The increase in fillings done, which has been

evident over the past few years, due to the installation of high-speed drills, has now levelled off. The number of extractions done continues to fall: this may be attributed to the cumulative effect of regular dental attention over the past few years.

### **Dental Health Education**

The amount of time devoted to Dental Health Education trebled as compared with previous years. A determined effort was made to get the basic facts of dental health and oral hygiene across to children attending Secondary and Grammar schools. These established principles for the prevention of dental decay, whilst always of the utmost importance, assume even a greater significance in a community with non-fluoridated water supplies.

### **Clinical Accommodation**

I would like to recommend the purchase of a third mobile dental clinic to provide treatment at the Lakes Secondary School and both the Longlands schools. This recommendation was turned down by the Council in 1965 and because of the "freeze" was not brought up again in 1966.

Treatment for the Longlands schools is at present provided in the Kendal Clinic. Because of the numbers of children involved and the distance of the school from the clinic, the dental staff find it more convenient and efficient to provide treatment at the school — no broken appointments and no time lag between appointments. Similarly, treatment on the spot is preferable from an educational viewpoint, as the time each patient for treatment is absent from the classroom is reduced to a minimum.

At present, treatment for children attending the Lakes School is provided by one or other of the existing mobile dental clinics. The annual schedule for each of these clinics is already completely full, so that whichever clinic provides treatment here is running behind schedule for the rest of the year. With the opening of the Lakes School in 1965 a large percentage of the children previously treated in Ambleside Clinic have been lost to this clinic. If the third mobile clinic is provided as suggested it can also be used to provide a treatment centre for those children remaining in Ambleside, and the use of the existing rented premises as a clinic there can be discontinued.

In conclusion, I wish to thank Dr. Guy for his continued support, the teaching staff for their generous co-operation, and all members of the dental staff for another year's continuous effort on behalf of the service.

M. D. McGARRY,  
Principal School Dental Officer.



# STATISTICAL TABLES

## PART I

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

#### A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected	Pupils found to require treatment			Total
(1)	(2)	Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any of the other conditions recorded in Pt. II	individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1962 and later	127	127	—	—	2	2
1961	631	631	—	6	22	24
1960	164	164	—	6	7	12
1959	43	43	—	4	2	6
1958	48	48	—	3	3	6
1957	34	34	—	2	—	2
1956	708	708	—	30	11	40
1955	104	104	—	4	2	6
1954	78	78	—	7	1	8
1953	23	23	—	1	2	3
1952	23	23	—	2	—	2
1951 and earlier	735	735	—	9	13	22
Total	2718	2718	—	74	65	133

Col. 3 as percentage of Col. 2 — 100.00%.

Col. 4 as percentage of Col. 2 — Nil.

## B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	52
Number of Re-Inspections	..	..	..	3,460
				<hr/>
		Total	..	3,512
				<hr/>

## C.—INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons .. .. .	15,691
(ii)	Total number of individual pupils found to be infested ..	72
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	Nil.
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944) ..	Nil.

**PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR**

Defect code (1)	Defect or Disease (2)	(1)	Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin .. .. .	T	2	5	1	8	—
		O	38	14	33	85	1
5	Eyes (a) Vision .. ..	T	11	8	55	74	7
		O	55	32	152	239	6
	(b) Squint .. ..	T	10	—	5	15	—
		O	26	3	9	38	1
	(c) Other.. ..	T	—	1	—	1	1
		O	5	2	6	13	—
6	Ears (a) Hearing .. ..	T	1	2	1	4	2
		O	49	8	22	79	7
	(b) Otitis Media ..	T	1	—	—	1	—
		O	43	5	21	69	—
	(c) Other.. ..	T	—	—	—	—	—
		O	—	1	1	2	—
7	Nose and Throat .. ..	T	5	1	6	12	3
		O	197	12	70	279	1
8	Speech .. .. .	T	5	—	—	5	2
		O	25	1	2	28	2
9	Lymphatic Glands .. ..	T	—	—	—	—	—
		O	154	8	38	200	3
10	Heart .. .. .	T	1	—	3	4	—
		O	9	2	5	16	—
11	Lungs .. .. .	T	—	—	—	—	—
		O	40	3	32	75	—
12	Developmental (a) Hernia ..	T	—	—	—	—	—
		O	4	—	2	6	—
	(b) Other ..	T	—	—	2	2	—
		O	25	2	15	42	—
13	Orthopaedic (a) Posture ..	T	—	—	—	—	—
		O	3	8	10	21	—
	(b) Feet ..	T	1	—	1	2	—
		O	104	26	69	199	—
	(c) Other ..	T	5	1	—	6	—
		O	36	20	24	80	—

T = found to require treatment.

O = found to require observation.



PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR—continued

Defect code (1)	Defect or Disease (2)		Periodic Inspections				Special Inspec- tions
			Entrants	Leavers	Others	Total	
14	Nervous System (a) Epilepsy ..	T	—	—	—	—	—
		O	3	—	—	3	—
	(b) Other ..	T	—	—	—	—	—
		O	13	1	8	22	—
15	Psychological (a) Development ..	T	—	—	—	—	—
		O	4	—	4	8	—
	(b) Stability ..	T	—	—	1	1	—
		O	4	—	3	7	—
16	Abdomen .. .. .	T	—	—	—	—	—
		O	6	—	10	16	1
17	Other .. .. .	T	1	2	2	5	1
		O	11	9	34	54	4

T = found to require treatment.  
O = found to require observation.

## PART III

### A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint ..	—
Errors of refraction, including squint .. .. .	327
	<hr/>
Total ..	327
	<hr/>
Number of pupils for whom spectacles were prescribed ..	214

### B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:

Received operative treatment:—

(a) for diseases of the ear .. .. .	60
(b) for adenoids and chronic tonsillitis .. .. .	83
(c) for other nose and throat conditions .. .. .	34
Received other forms of treatment .. .. .	13
	<hr/>
Total ..	190
	<hr/>

Total number of pupils known to have been provided with hearing aids:—

(a) in 1966 .. .. .	7
(b) in previous years .. .. .	4

### C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—

(a) Treated at clinics or out-patient departments ..	463
(b) Treated at school for postural defects .. .. .	—
	<hr/>
Total ..	463
	<hr/>

D.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table C of Part I)

						Number of cases known to have been treated
Ringworm—(a) Scalp	..	..	..	..	—	
(b) Body	..	..	..	..	—	
Scabies	..	..	..	..	—	
Impetigo	..	..	..	..	—	
Other skin diseases	..	..	..	..	4	
					—	
			Total	..	4	
					—	

E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics	..	..	..	..	..	..	16
---	----	----	----	----	----	----	----

F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	..	..	..	..	..	..	16
--	----	----	----	----	----	----	----

G.—OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:

(a) Pupils with minor ailments	..	..	—
(b) Pupils who have received convalescent treatment under School Health Service arrangements	..	..	—
(c) Pupils who received B.C.G. vaccination	..	..	989
(d) Other:			
Miscellaneous Medical and Surgical conditions	..		182
			<hr/>
	Total	..	1,172

NOTE—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.



## SCHOOL DENTAL SERVICE

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
<b>1. Attendances &amp; Treatment</b>				
First Visit .. ..	2,001	1,396	378	3,775
Subsequent visits .. ..	1,434	1,644	611	3,689
Total visits.. ..	3,435	3,040	989	7,464
Additional courses of treatment commenced ..	128	139	33	300
Fillings in permanent teeth	1,291	3,411	1,138	5,840
Fillings in deciduous teeth	2,132	76	—	2,208
Permanent teeth filled ..	1,021	2,749	994	4,764
Deciduous teeth filled ..	1,890	69	—	1,959
Permanent teeth extracted	61	375	106	542
Deciduous teeth extracted	1,200	313	—	1,513
General anaesthetics ..	115	19	4	138
Emergencies .. ..	96	37	4	137
Number of Pupils X-rayed .. ..	..	..	..	96
Prophylaxis .. ..	..	..	..	476
Teeth otherwise conserved ..	..	..	..	685
Number of teeth root filled	..	..	..	9
Inlays .. ..	..	..	..	3
Crowns .. ..	..	..	..	8
Courses of treatment completed	..	..	..	3,339

## 2. Orthodontics

Cases remaining from previous year .. ..	69
New cases commenced during year .. ..	28
Cases completed during year .. ..	43
Cases discontinued during year .. ..	3
Number of removable appliances fitted .. ..	2
Number of fixed appliances fitted .. ..	43
Pupils referred to Hospital Consultant .. ..	43

	5 to 9	10 to 14	15 and over	Total
<b>3. Prosthetics</b>				
Pupils supplied with F.U. or F.L. (first time) ..	—	—	—	—
Pupils supplied with other dentures (first time) ..	1	12	5	18
Number of dentures supplied .. .. .	1	14	9	24

#### 4. Anaesthetics

General Anaesthetics administered by Dental Officers ..	117
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#### 5. Inspections

(a) First inspection at school. Number of Pupils ..	9,054
(b) First inspection at clinic. Number of Pupils ..	236
Number of (a) + (b) found to require treatment ..	5,560
Number of (a) + (b) offered treatment .. ..	4,721
(c) Pupils re-inspected at school clinic .. .. .	489
Number of (c) found to require treatment ..	361

#### 6. Sessions

Sessions devoted to treatment .. .. .	1,248
Sessions devoted to inspection .. .. .	102
Sessions devoted to Dental Health Education .. ..	34

# RETURN OF HANDICAPPED PUPILS

In the Calendar Year:—

A. Handicapped Pupils **newly assessed** as requiring education at Special Schools or Boarding in homes .. ..

B. (i) Handicapped Pupils (included at A) **Newly placed** in Special Schools or Homes .. ..

(ii) Of the children assessed prior to January, 1966 numbers who were newly placed in special schools (other than Hospital Special Schools) or boarding homes .. ..

Total B (i) and B (ii) .. ..

Number of children who were subject to new decisions recorded under Section 57 of the Education Act, 1944  
 Number of children for whom reviews were carried out under the provisions of Section 57A of the

Education Act, 1944

C. On 19th January, 1967, Number of Handicapped Pupils requiring places in Special Schools:

(i) Total—

(a) Day .. ..

(b) Boarding .. ..

(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically Handicapped (6) Delicate	(7) Maladjusted (8) Educationally sub-normal	(9) Epileptic (10) Speech Defects	Total 1-10					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
—	—	—	2	2	—	—	23	—	—	27
—	—	—	—	—	—	—	2	—	—	2
—	—	—	1	—	—	—	3	—	—	4
—	—	—	1	—	—	—	5	—	—	6
Now decisions recorded under Section 57 of the Education Act, 1944										
were carried out under the provisions of Section 57A of the										
Nil										
—	—	—	—	—	—	—	24	—	—	24
—	1	—	2	—	—	—	3	—	—	6



# RETURN OF HANDICAPPED PUPILS (continued)

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically Handicapped (6) Delicate	(7) Maladjusted (8) Educationally sub-normal	(9) Epileptic (10) Speech Defects	Total 1-10					
(ii) Number in (i) above who have not reached the age of five years—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	—	—	—	—	—	—	—	—	—	—
(iii) Number in (i) above who have reached the age of five years but whose parents had refused consent to their admission to Special School—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	1	—	—	—	—	—	2	—	—	3
19th January, 1967:—											
(i) Number of Handicapped Pupils from the area—											
(1) attending maintained Spec- ial Schools as Day Pupils..	—	—	—	—	1	—	—	—	—	—	1
as Boarding Pupils ..	—	—	—	1	—	—	—	11	1	—	13
(2) were on the registers of non- maintained Special Schools	1	—	2	4	1	1	—	3	—	—	12

# RETURN OF HANDICAPPED PUPILS (*continued*)

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically Handicapped (6) Delicate	(7) Maladjusted (8) Educationally sub-normal	(9) Epileptic (10) Speech Defects	Total 1-10					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Were on the registers of In- dependent Schools (under ar- rangements made by the auth- ority) .. ..	—	—	—	—	—	—	2	10	—	—	12
Total D (i) and D (ii) .. ..	1	—	2	5	2	1	2	24	1	—	38

E. Number of Handicapped Pupils  
being educated under arrangements  
made under Section 56 of the  
Education Act, 1944:—

(i) In hospitals .. ..	—	—	—	—	2	—	—	—	—	—	2
(ii) In other groups .. ..	—	—	—	—	—	—	—	—	—	—	—
(iii) At home .. ..	—	—	—	—	2	—	1	—	—	—	3

## TYPE OF EXAMINATION AND/OR TREATMENT

provided, at the School Clinics, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided—	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment .. ..	—	—
B. Ophthalmic* .. ..	1	—
C. Ear, Nose and Throat .. ..	—	—
D. Pædiatric† .. ..	—	—
E. Speech Therapy .. ..	1	—
F. Sunray (U.V.L.) .. ..	—	—
G. Vaccination and Immunisation .. ..	2	—
H. Audiology .. ..	—	—

\* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

† Clinics for children referred to a specialist in children's diseases.

## CHILD GUIDANCE CENTRES

Number of Child Guidance Centres provided by the Authority 1

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists .. ..	1	0.02
Educational Psychologists .. ..	1	0.05
Psychiatric Social Workers .. ..	Nil	Nil
Others (specify)		
Mental Welfare Officer .. ..	1	0.05

The Psychiatrist is made available by the Manchester Regional Hospital Board.



